

# Gift to Agency Report

# A Public Document



GIFT TO AGENCY REPORT

## 1. Agency Name

Managed Risk Medical Insurance Board

Division, Department, or Region (if applicable)

Eligibility, Enrollment, and Marketing Division

Street Address

1000 G Street, Suite 450

Area Code/Phone Number

(916) 324-4695

E-mail

drushton@mrmib.ca.gov

Agency Contact (name and title)

Diana Rushton

2010 SEP 27 PM 2:45

California Form 801

For Official Use Only

☐ Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

## 2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

San Diego CAA Community Partners Coaliti

Name

3131 Camino Del Rio, Suite 1100

San Diego

CA

92108

Address

City

State

Zip Code

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

Name \$ Amount Name \$ Amount

## 3. Payment Information

Date and Amount of Payment (other than travel) (month, day, year) \$ (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel San Diego, CA

September 9, 2010 \$ 189.40 \$ 0 \$ 0 \$ 0 \$ 189.40  
Date(s) of Travel Transportation Expenses Lodging Expenses Meal Expenses Other Expenses Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

To present at the annual San Diego CAA Community Partners Coalition Forum and provide updates on recent Healthy Families Program changes and the status of the HeApp Public Access project.

Identify the officials for whom the payment was used:

Lucero Hilario Staff Services Manager I Eligibility Division  
Last Name First Name Title Department/Division  
Last Name First Name Title Department/Division

## 4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

Signature of Agency Head or Designee Janette Casillas Chief Deputy Dir. 9/21/10  
Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information.)